

**IN THE SPECIFICATION:**

Please amend paragraph 69 as follows:

[0069] The innermost layer of the bladder wall 12, urothelium 32, functions physiologically in the accommodation and storage of urine, maintenance of urine composition, facilitation of voiding and containment of potential toxins within the bladder to prevent their systemic absorption. The urothelium has three cellular zones: a basal layer, which is the outermost layer with respect to the interior of the bladder and contains cells which are mostly germinal in nature; an intermediate cell layer; and an innermost layer which lines the lumen of bladder 10 and comprises epithelial umbrella cells. The luminal surfaces of the umbrella cells are coated with a layer of glycosaminoglycans. This anatomy is illustrated in more detail in Figure [[16]] 21 and may be better understood from the description of that figure set forth below.

Please amend paragraph 81 as follows:

[0081] Preferably the geometry and materials of an implant such as implant 42 are selected to provide an implant which can meet the requirements of being capable of supporting a useful quantity of a therapeutic agent to be delivered; of being collapsible, while bearing the useful quantity of therapeutic agent, into an introducer instrument for implantation to the intended site; of being deployable at the desired site in a manner which permits access of bodily fluids to diffuse the therapeutic agent from the implant and which does not interfere with normal bodily functions; and of being able to substantially recover its shape and size upon deployment. Preferably, when utilized as a urinary bladder implant, an implant such as implant 42, in its deployed configuration, has an extended surface area on which the therapeutic agent or agents are supported for release and does not significantly affect the available urinary volume of the bladder. Preferably, also, an implant such as implant 42 is deployed to release the therapeutic

agent in the vicinity of the biological structures that can utilize it or receive it for transport elsewhere, for example, in the vicinity of bladder inner walls 12, especially dome [[22]] 38 as in the case of implant 42.

Please amend paragraph 91 as follows:

[0091] As is also illustrated in Figure 5, ~~device 46~~ implant 42 can be a solid domical shape with a lower surface as is illustrated by broken line 47. This configuration provides a more substantial implant device having more mass and, when constructed out of foam, substantial pore surface area that can support more of a biologically active substance than a shell-like configuration such as that shown in Figure 5.

Please amend paragraph 114 as follows:

[00114] The implant 120 shown in Figure 15 can be described as a mophead implant and has a head portion 122 from which project strands 124 of foam or other suitable material. Strands 124 may be similar to spaghetti strand 110 illustrated in Figure [[9]] 14. The configuration of mophead implant 120 provides a very large external surface area for contact with the urine. As with implant 90 shown in Figure 9, mophead implant 120 can float relatively freely within bladder 10 with no particular orientation being required.

Please amend paragraph 129 as follows:

[00129] Preferred scaffold materials for the implants have a porous and reticulated structure with sufficient and required liquid permeability and thus are selected to permit urine, or other appropriate bodily fluids, to access interior drug-bearing surfaces of the implants during the intended period of implantation. This happens due to the presence of inter-connected, reticulated open pores that form fluid passageways or fluid

permeability providing fluid access all through and to the interior of the matrix for elution of pharmaceutically-active agents, e.g., a drug, or other therapeutically useful materials. Such materials may optionally be secured to the interior surfaces of elastomeric matrix directly or through a coating. In one embodiment of the invention the controllable characteristics of the implants are selected to promote a constant rate of therapeutic agent release during the intended period of implantation. ~~Also, the passageways may be adjusted sufficiently to permit~~

Please amend paragraph 229 as follows:

[00229] Alternatively, implant 70 can have attached to it a cord 72 which extends externally from the urethra, as shown in Figure [[4]] 6, then, when the biologically active substance is exhausted, cord 72 can be pulled into the cystoscope enabling implant 70 to be drawn into the instrument and compressed for removal through the urethra.

Please amend paragraph 249 as follows:

[00249] Cystoscope [[200]] 220 can be employed to deliver an implant to the bladder by inserting flexible shaft 222 into the urethra, without requiring anatomical alignment.

Please amend paragraph 253 as follows:

[00253] As shown in to Figure 20, a modified end mechanism for a catheter such as catheter 230 shown in Figure 18, comprises a sleeve 270 inserted into a catheter end 272. An implant such as implant 90, in compressed configuration, can be contained within sleeve 270 in catheter end 272. Implant 90 can be compressed and assembled into sleeve 270 prior to insertion into catheter end 272 and could be supplied in this form by a vendor, facilitating the medical practitioner's procedure. Catheter end

272 has an inwardly facing peripheral retainer lip 274 that can engage and retain sleeve 270 so that when the end mechanism 276 is actuated, implant 90 is expelled from the catheter and sleeve 270 remains within the catheter.

Please amend paragraph 267 as follows:

[00267] As shown in Figure [[16]] 21, the innermost layer of the bladder wall 12, urothelium 32, as described above comprises a basal cell layer 280, an intermediate cell layer 282 and an innermost layer 284 of epithelial umbrella cells 286. The luminal surfaces of the umbrella cells 286 are coated with a layer 288 of glycosaminoglycans and.